								Keg, Dist. I	10.	
1. PLACE OF DEATH	eil		MARY	LAND	2. USUAL RESIDENCE			ution: Residence b	oefore admission)	
b. CITY OR TOWN (I	f autside corporate limits, wri	IO RURAL	c. LENGTH OF STAY	IN 15	b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)					
	on Hospital		ital, give street address		d. STREET ADDRE	ss R.D.	•		e. IS RESIDENCE ON A FARM? YES NO 127	
3. NAME OF DECEASED		rst	Middle		Last	4. DATE OF	Mani		y Year	
(Type or print)	Emerson		Ray		dams	DEATH	3	12		
5. SEX	6. COLOR OR RACE	WIDOWED	DIVORCED		12-260192		9. AGE (In years lost birthday) 39 yrs.	Manths Days	Hours Min.	
10a, USUAL OCCUPATI	ON (Give kind of work	done 10b. K							OF WHAT COUNTRY	
during most of working Labore:	ng life, even if retired)		mber yard		N.C.		,	U.S		
13. FATHER'S NAME					14. MOTHER'S MAID	EN NAME				
Floyd	Henry Adam	13			Etta 1	McMeans				
15. WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT	30000	Address			
no			5-07-2734	Br	rother Adar	ns. Nort	h East.	R.D.Md.		
	diate cause	Shot	or (a), (b), and (c). ]	10	the abdom	en .		INT	ERVAL BETWEEN	
PART II. OTI			NTRIBUTING TO DEATH	BUTN	OT RELATED TO THE T	ERMINALDISEAS	E CONDITION GI	VEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?	
CAT									YES NO D	
PART II. OTI	NTRIBUTING		not by Robe			Part I ar Part II	of item 18.)			
20c. TIME OF INJU	RY Month, Day, Ye	ar 20d. 11	NJURY OCCURRED 20	o. PLAC	E OF INJURY (Home,	form, 20f. (Cit	y or town)	(County)	(State)	
9 Hour a. m.	3 12 19	60 at wor	k at work		ry, street, affice bldg., LDLN		Lkton	Cecil	Md.	
21. I certify t	hat I taak charge	e of the r	emains described				nspection 🕝		, and find that	
	from: Natural	_			–		ndetermined		g, and ma	
ACTUAL	alles	00	cex	198	M.D. CHIEF MEDICA	AL EXAMINER			DATE SIGNED	
EXAMINER'S					ASSISTANT ME	DICAL EXAMINI	ER 🗍	(-		
	R.C.Dodson				DEPUTY MEDIC	CAL EXAMINER	2	3-12-60		
REMOVAL (Specify)	3/13/196		22c. NAME OF CEMETE  N WILKE	RY OR	REMATORY 34RRE	22d. LOCA	TION (City, town,	or county)	(State)	
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	1-1	+0 N 240. 1	REC'D BY REGIS		STRAR'S SIGNATU		
PIPPIN FOX	EXAL HON	TE Do	was the Dee	1		MAR 1 7 '6	io an	Thur S. Kin	M.	

lay is necessory, pleose exe-director. Page 4 should be Page 5 may be retained to your files. Give Poges 1, 2, and 3 to This certificate should be executed within 24 hours ofter death File cut is certificate, writing to had "pending" in pencil in Item 18. Gir farworded to the Chief Medica. Exominer's Office along with form PM3.

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or removal. VS. A15ME(5) 5M 9/55

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X	no.	t. r.		3 17 s	
X 	ron x	t. r.		3 1 <sup>2</sup> ),	

22c. NAME OF CEMETERY OR CREMATORY

Rose Hill

R france ADDRESS

Suter-Rouzer Funeral Home, Hagerstown, Md.

ASSISTANT MEDICAL EXAMINER

240. REC'D BY REGISTRAR

MAR 1 6 '60

22d. LOCATION (City, town, or county)

Hagerstown, Maryland

246. REGISTRAR'S SIGNATURE

arthur S. Times

DEPUTY MEDICAL EXAMINER

03136

IS RESIDENCE ON A FARM? YES NO THE Yeor 19 60 IF UNDER TYEAR IF UNDER 24 HRS. Hours 12. CITIZEN OF WHAT COUNTRY? USA Address agers town, Md. PERFORMED? YES X NO T Perry Point. Cecil Co. Md. DATE SIGNED

0 VS. A15ME 5M 2/57

FUNERAL

SIGNATURE

**EXAMINER'S** NAME (Type)

Burial

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

R.C. DODSON

220. BURIAL CREMATION, 122b, DATE THEREOF

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\			31	77	CERTIF	CAT	E OF DEAT	ГН		Reg. Dist. N	lo.
)		LACE OF DEATH . COUNTY	Cecil		MARYLA		USUAL RESIDENCE (	Where deceased	4	on: Residence be	fore admission)
	t	. CITY OR TOWN RURAL ond give I	(If autside corporate limi	ts, write c	LENGTH OF STAY IN	1ь	c. CITY OR TOWN (	If outside corpo	rote limits, write R	URAL ond give n	rearest tawn)
		_	oint Md	ive street ad	12yrs.llmo	.28d	ays E	Baltimo	re		e. IS RESIDENCE ON A FARM?
0			s Administ	ration	Hospital		1843 W	. Lexi	ngton		YES NO
		IAME OF DECEASED Type or print)	GOTTLIEB		Middle H.		Lost BROOK	4. DATE OF DEATH	March		Day Year 1960
	5. S	EX		7. MARRIEI	NEVER MARRIED	B. E	DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1 YEA	AR IF UNDER 24 HRS
		Male	White	WIDOWED			11/19/73		86 yrs.	Months Doys	Hours Min.
	10a.	USUAL OCCUPAT	ION (Give kind of work rking life, even if retired	dane 10b. KI	ND OF BUSINESS OR I	NDUSTRY		ate or foreign co		12. CITIZEN	OF WHAT COUNTRY
		Laborer			Inknown		Germa	nv		US	5 A
ı	13.	ATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME			
		Not	available				Not ava	ilable			
ı			ER IN U. S. ARMED FOR		CIAL SECURITY NO.	Rev	RMANT B. Ma	rine.	Close Fi	"iend	
ı		Yes	WW-I	Uz	nknown		6 Edmonds				1d
ı			ATH [Enter only one co	use per line	far (a), (b), ond (c).]					IIN	TERVAL BETWEEN
	-	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Bro	onchopneum	inis	right 1	ower 1	obe, uni		
ı		420.	O DUE TO								
ı		Canditians, if		Ar	terioscler	otic	heart di	sease			Unknown
	Ĭ	gave rise to couse (o), stating lying couse lost	the under- DUE TO		terioscler	osis	, general	ized -	severe.		
	CATION	PART II. O	THER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TER	RMINAL DISEAS	E CONDITION GIV	/EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFI	OR CONTRIBUTING	AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OCC	URRED. (	Enter nature af injury	in Part I or Par	t II of item 1B.)		
	MEDICAL	20c. TIME OF INJU Hour o.m. p.m.	RY Month, Day, Yes	or 20d. INJI While at wark [	Not while		OF INJURY (Hame, for, street, office bldg.,		or town)	(Count	y) (Stote
			hat <b>k</b> attended the								
		AKKANAKAX	XXXXXXXXXX		xxxxana mar a	eam a	corred of 5:45		treet, city or town,		DATE SIGNE
		ACTUAL	F. J. St.	acc	9	M.D	V.A.Hos	pital, F	erry Po	int,Md.	3-28-60
		PHYSICIAN'S NAME (Type)	J. L.	GAREY	7		Clinic	al Path	ologist		
	220	BURIAL, CREMATI	ON, 22b. DATE THEREC	OF :	22c. NAME OF CEMETE	RY OR C	REMATORY	22d. LOCA	TION (City, town,	or county)	(State)

Baltimore National

Havre de Grace, Md. DATE MAR 31 '60

Baltimore, Md.

24b. REGISTRAR'S SIGNATURE

arthur S. Kinsel

24a. REC'D BY REGISTRAR

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TO FUI

VS A15 (4) 15M 9/S8

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7	3102	CERTIFICA	ALE OF DEATH	1	Reg.	Dist. No			
	1. PLACE OF DEATH o. Cの世代11	MARYLAND	2. USUAL RESIDENCE (WHO IS STATE Mary)	- h	. COUNTY ~	dence befo	ire admiss	ian)	
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  ELKton	c. LENGTH OF STAY IN 16							
5	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Union		d. STREET ADDRESS 236 E. Hig.	h St				IDENCE FARM?	
	3. NAME OF DECEASED (Type or print) Hattle	H. J.	Carroll	4. DATE OF DEATH	Month March	1 8	2	Year 19 60	
)	5. SEX Female 6. COLOR OR RACE 7. MARRIE WIDOWEL	mater	B. DATE OF BIRTH March 27.	1880 79/7	(In years birthday) Manti	DER 1 YEAR	Haurs	R 24 HRS. Min.	
	10a. USUAL OCCUPATION (Give kind af wark dane 10b. K during mast af warking life, even if retired)  School Teacher	School	Marvl	and	12.	U. S	WHATC		
	13. FATHER'S NAME Henry J. Marshall1		Mary Bur						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. St. (Yes, no, or unknown) (If yes, give war or dates of service)	OCIAL SECURITY NO. II	nformant s Estella C	ollins,	Address Philade	elphi	5		
2	Canditians, if any, which gave rise to immediate cause (a), stating the under-lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CO			INAL DISEASE CONI			PERFO		
	20c. TIME OF INJURY Manth, Day, Year 20d. IN. Haur a. m. p. m. 19 While at wark  21. I certify that I attended the decease	Nat while fac	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc.	20f. (City or tow	(n) _, 1960that (		w the d		
	ACTUAL SIGNATURE PHYSICIAN'S James L. Johns NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREOF	uson	м.в. 245 Е. Н	ADDRESS (Street, ci	eet, Ell	kton,	DAT	• SIGNED	
	REMOVAL (Specify)  3/12/60  23. FUNERAL DIRECTOR'S SIGNATURE	Providence ADDRESS		Elkton D BY REGISTRAR	MG a  24b. REGISTRAR'S	3/1	2/60	7	
	10000	09 Poplar S		1 4 '60	Chilling S.		nt.		

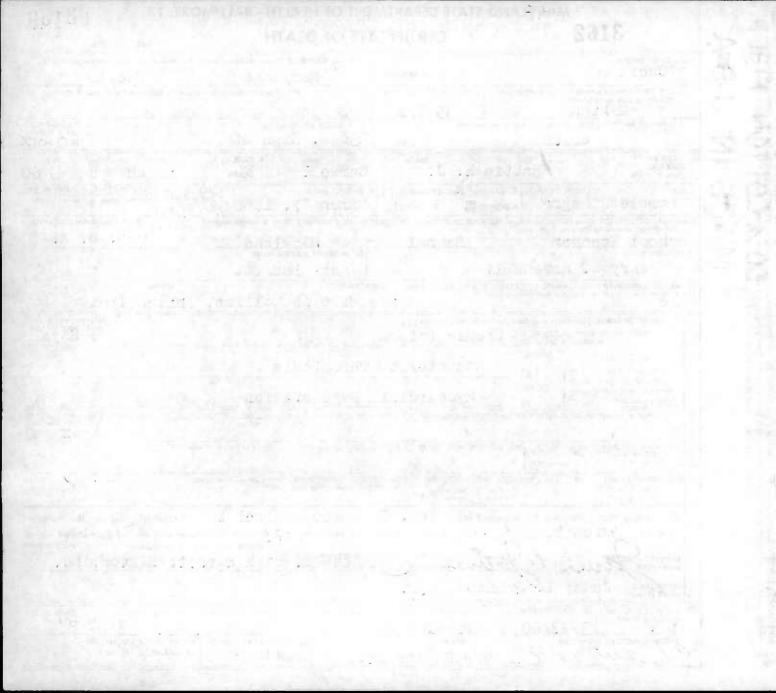
and campletely filled in by the funeral director, bon papers. Pages 1 and 2 shauld be filed with IAN: The law requires that the death certificate be executed TO HOSE TO CONTROLLED THE HOSPITAL AND THE HOSPITAL BIRECTOR: After this certificate has been signed by the attending physician and can page 3 should be detached for use as the burial-transit permit. Then please remave carbon page as should be detached for use as the burial-transit permit.

ATTENDING PI

TO HOS

VS A15 (4) 15M 9/58

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## MARYLAND STATE DEPARTMENT OF HEALTH 3178 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03141

Page 4	by the funeral director, if 2 should be filed with	1
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2	20 25	)(

Description of ATTENDING PY SIAN: The law requires that the death certificate be executed we shall be defined by the hospital sentificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shouthe State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hour, ofter death.

TO HO	ay	TO FUN	page
VR 15	A	9/9	(4)

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY Cecil MARYLAND	a. STATE New Jersey b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point 2 mgs, days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ventnor
d. NAME OF HOSPITAL (If not in hospital, give street address)  PETET ANS Administration Hospital	d. street address. North Marion Ave.  e. is residence on a farm? YES \( \sum no \( \frac{1}{4} \)
3. NAME OF DECEASED (Type or print) Charles Wesley D	orritee 4. DATE March 30 Tear 60
S. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH, 8-20-96 9. AGE (In years last birthday) wrs. Months Days Hours Min.
Cdrigh most of parking life over if retired) Unknown	Pennsylvania  12. CITIZEN OF WHAT COUNTRY? U. S.A.
13. FATHER'S NAME George Dorritee	14. MOTHER'S MAIDEN NAME Ellen Ryan
	reda Dorritee -(W) 11 Morion Ave. Ventnor, New Jersey
Conditions, if any, which gave rise to immediate couse (a), stating the under DUE TO	rcinoma with metatases to aniotomy 2/2/60) s, generalized, moderately severe
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES X NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.) (City or town) (County) (State)
	Lanuary 4 1860 . to March 30 1960 that the twee hast leoth accurred 3:40% infrom the causes and on the date stated above.
22a. SIGNATURE	22b. DATE ATTENDING MED. PHYS. DIRECTOR PHYS. 3-31-60
22c. PHYSICIAN'S NAME (Type) J. L. GAREY, Clinical Patho	ologist, V.A. Hospital, Perry Point, Md.
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	
24. FUNERAL PIRECTOR'S SIGNATURE ADDRESS  Tennington April Havre de Grace	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  CITCHIN 1. Known

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

PLACE OF DEATH					2. USUAL RESIDENCE	(Where decea			ence befo	ore odmission/
	Cecil		MARY	LAND	o. STATE West	Virgin	ia b. COUN	ITY		1
b. CITY OR TOWN Ond give request to Perry Po	(If outside corporate limits, write man)	RURAL	c. 28 THY STAY		c. CITY OR TOWN					arest town)
	PITAL OR INSTITUTION (	If not in he	8 month		d. STREET ADDRESS	eston,	West V	irgin	ia	e. IS RESIDEN
				"		tr 5.2.				ON A FAR
VA HOSPI	tal, Perry						ngton St			YES NO
DECEASED (Type or print)	JOÏ		W. I	DUNN	Last	4. DATE OF DEATH	March		960	Yeor
. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years foot birthday)	IF UNDER	TYEAR I	IF UNDER 24
Male	White	WIDOW	DIVORCED	DJ	anuary 2.	1892	6'8 Y's		Days	Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work king life, even if refired)	done 10b.	KIND OF BUSINESS OR				country)	12. CITI	ZEN OF	WHAT COUN
Unknown	king life, even is retired)	-			West Vir	ginia		1	USA	
13. FATHER'S NAME				1	14. MOTHER'S MAIDEN	The second second			- ~ 22	
Unknown					Unknown					
15. WAS DECEASED I	EVER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT		722 Nigres	Oth S	tree	+
Yes, no, er enknown)	PTE		None	Mr	s. Belle Y	oung	Springf			
	EATH Enter only one cou						phringi	Tela'		AL BETWEEN
Conditions, if gave rise to imm (a), stating the course tast.	nediale cause		eneral artoractured le			a (8/1	3/50)			
	THER SIGNIFICANT CON							VEN IN PAR		WAS AUTOP PERFORMEDS
PART II. O  PART II. O  PRIMARY Or C  CAUSE OF DEATI	AUSE WAS ONTRIBUTING []	b. DESCRIE	BE HOW INJURY OCCUR	RED. (En	ter nature of injury in Po	ort I or Port II	of item 18.)			
20c. TIME OF INJ Hour a. n p. n	n.	Whi		De. PLACI	E OF INJURY (Home, for y, street, office bldg., et	rm, 20f. (Cit	y or fown)	(Cou	inty)	(\$10
ACTUAL SIGNATURE	that I took charge h jesulted from: I	Vatural	causes [], Accid			Homicide  EXAMINER   CAL EXAMINE	Undet	ermined n	nanner	DATE SIGNED
220. BURIAL, CREMAT		F	22c. NAME OF CEMETE		REMATORY	22d. LOCA	TION (City, lown,		21,	(Stote)
NEMOVA (	the second secon	60	Baltimo	ore	National		imore,			
3. FUNERAL DIRECTO	/				24o. REC	IAR 2 8 'E	RAR 24b. REG	ISTRAR'S SIG		
Penniment	the & Gone 1	Tarre	de Grace	- BM	DATE	BEREF TO O				

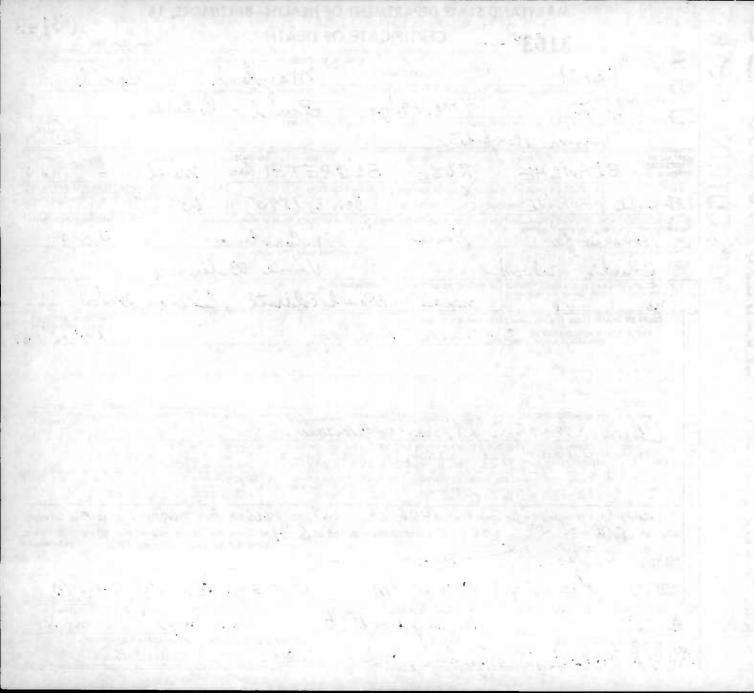
**VS. A15ME** \$M 2/57

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March 21. Buch



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1. PLACE OF DEATH o. COUNTY

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Cecil MARYLAND Md. Cecil b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) RURAL and give nearest lown) Bohemia Manor Bohemia Manor d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO. NAME OF 4. DATE First Middle Month Year Day DECEASED 1960 Garnett Don March 16 DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH last birthday) Months Doys Col. Male DIVORCED | Nov. 9.1905 WIDOWED | YES 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) Va. Laborer 14. MOTHER'S MAIDEN NAME

S. SEX 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 13. FATHER'S NAME Thomas Garnett Edna Washington WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Essie Garnett-Bohemia Manor. Md. Unknown 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (o), stoting the under-Memorill lying cause lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work

(State)

21. I certify that I attended the deceased fram

and that death occurred at 150 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state)

(Stote)

22b. DATE THEREOF /20/60

22c. NAME OF CEMETERY OR CREMATORY Bohemia Manor Cem. 22d. LOCATION (City, tawn, or county) Bojemia Manor, Md.

FUNERAL-DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION,

ADDRESS 909 Poplar St. 24a. REC'D BY REGISTRAR DATE MAR 2 1 '60

24b. REGISTRAR'S SIGNATURE

1 that I last saw the deceased

10 VS A1S (4) 1SM 9/SB

may be retained by the S FUNERAL DIRECTOR:

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	11 15 18 18 18 18 18 18 18 18 18 18 18 18 18	1.00 - 34 - 35 No. 1235.	

after death. Page

physician.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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**CERTIFICATE OF DEATH** 

Reg. Dist. No

03148

1. PLACE OF DEATH o. COUNTY Ceci	.1		MARYLA		o. STATE Mary	E (Where decease	ed lived. If institu b. COUNT			lmissian)	
b. CITY OR TOWN ( RURAL and give n	If outside corporate limi earest town) orth East	ts, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fown)  North Bast						
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, g	ive street	address)		d. STREET ADDRESS  o. IS RESIDENCE ON A FARM? YES \( \sum \color						
3. NAME OF DECEASED (Type or print)	Fie D	"	Middle ORD G.	GAT	Lost CHELL	4. DATE OF DEAT		onth ch	Day 3	Yeor 1960	
5. SEX male	6. COLOR OR RACE white	7. MARE	RIED NEVER MARRIED  ED DIVORCED		DATE OF BIRTH June 7,18	88	9. AGE (In year lost birthday) 71 yr	Months	Days Ho	NDER 24 HRS. urs Min.	
during most of war	ON (Give kind of work of king life, even if retired arpenter		KIND OF BUSINESS OR ired 1952	INDUSTR		(Stole or foreign yland	country)		S.A.	HAT COUNTRY?	
13. FATHER'S NAME					14. MOTHER'S MAI	DEN NAME					
P.	lakeman Gato	hell			Maryh	a Baker					
	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INP	DRMANT		Ac	dress			
no			717-07-5284		Rhoda M.	Gatchell	North H	Bast, M	lary1a	nd	
PART I. DE	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	)	ne for (a) (b), and (c).]	, ,	elurion.				ONSET A	L BETWEEN AND DEATH	
Conditions, if a gave rise to i cause (a), stating lying cause last.	the under-	)	teriosclerskie							cars	
PART II. OT	HER SIGNIFICANT CON	1	CONTRIBUTING TO DEAT	1 1		TERMINAL DISEA	ISE CONDITION G	IVEN IN PART	PE	REFORMED?	
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED.	(Enter nature of inju	ury in Port I or Po	ort II of item 18.)				
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yes	While		20e. PLAC factor	E OF INJURY (Home ry, street, office bldg	e, form, 20f. (C g., etc.)	ity or town)	(0	County)	(State)	
21. I certify the olive on	Harsh H.	deceos , 196	ed from De		19.50, to	4. M, fro		ond on th		toted above	
PHYSICIAN'S NAME (Type)	Klaus H	1. 1-10	chner H.	D.							
220. BURIAL, CREMATIC REMOVAL (Specify Burial	3-6-19		22c. NAME OF CEMET North Eas		TREMATORY thodist	1000	ATION (City, town	V -		(Stote) Maryland	
23. FUNERAL DIRECTOR		V	ADDRESS		240	. REC'D BY REGI	STRAR 24b. REC	rthun S.	SNATURE	y	

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AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

TO HOSA

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	AND AND LOCAL COMPANY		
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1. PLACE OF DEATH o. COUNTY	Cecil	1.3	MARYLAND	O STATE	ICE (Where decear	sed lived. If institut b. COUNTY		before adm	ission)
b. CITY OR TOWN ( RURAL ond give n	(If outside corporate limits learest town)	, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOV	VN (If outside corp	porate limits, write	RURAL ond gi	ve nearest to	wn)
Perry	Point		2yrs.10mo.8d	47.7	akoma Pa	rk	/	5/1	2
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in haspital, gi	re street a	ddress)	d. STREET ADD	RESS			e. IS R	A FARM?
Veterans	Administra	tion	Hospital	7	814 Garl	and Aver	lue	YES	□ NO v
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Мо	nth	Day	Yeor
(Type or print)		UND	W.	GREANE		H Marc	h	28	1960
S. SEX	6. COLOR OR RACE	7. MARRI	EDE NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)		YEAR IF UN	
Male	White	WIDOWED	DIVORCED [	11-2-94		65 yrs		Days Hour	s Min.
during most of war	ON (Give kind of work do king life, even if retired) Delicates		operator s	USTRY 11. BIRTHPLAC OF Virg	inia	cauntry	USA		COUNTRY?
	John H. Gr	0970	70	Vothe	rine Kil	mour			
15. WAS DECEASED EV	ER IN U. S. ARMED FORCE			INFORMANT	THE KI		es Tal	como T	Park, Me
Yes, no. or unknown)	Ilf yes, give war or dates of ser	vice)	7-50-8413 K	atherine	L. Grean				
	ATH [Enter only one cau	se per line	e far (a), (b), ond (c).]					INTERVAL ONSET AN	
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	Br	onchopneumon	ia, bilat	eral, ur	resolved		4-5	days
Conditions, if a gove rise to couse (o), stoting lying cause lost.	immediate DUE TO	Ar	teriosclerot	ic heart	disease				
PART II. OT	HER SIGNIFICANT COND	ITIONS CO	ONTRIBUTING TO DEATH BU	IT NOT RELATED TO TH	TETERMINAL DISE	ASE CONDITION GI	VEN IN PART	1(a) 19. WA	S AUTOPSY FORMED?
CAT		Art	eriosclerosi	s. genera	lized. s	severe			□ NO-E
PART II. OT	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	Юb. DESC	RIBE HOW INJURY OCCURR	ED. (Enter nature of in	jury in Part I or P	art II af item 1B.)	0.23	S to se	
20c. TIME OF INJU Hour a. m. p. m.	RY Month, Doy, Year	While		PLACE OF INJURY (Hor octory, street, office bl		ity or town)	(Co	ounty)	(State)
21. I certify the	ak(A) (this hospital)	attende	ed the deceased from	May 20	1957 to	March 28	19.60	рхважо	CKM KINSK
5XX THE XIXCEG	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXX	XXXXXX and that	death occurred o	5:50 Manter or	n the couses o	nd on the	dote state	ed above.
22o. SIGNATURE	9- £	1	Yeurs -	M.D. PHYS. [	MED. DIRECTOR	STAFF PHYS.		3-28	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	J. L. G	AREY	Offical P	22d. ADDRESS			Perr		
23a. BURIAL, CREMATIO	ON, 23b. DATE THEREOF		23c. NAME OF CEMETERY		ne te ry	ATION (City, town,	or county)	(S	tote)
24. FUNERAL DIRECTOR	R'S SIGNATURE	44	ADDRESS	T	a. REC'D BY REG	STRAR 2Sb. REG	ISTRAR'S SIG	NATURE	14 7
S.H.HINE	S,2901-14th	St.N	I.W. Washing	ton, D.C.	ATHIAR 3 0 "		Klung 8. 4		

director be filed by the funeral of 2 should be fil ages camplete papers. aft, JAN: The law requires that the death certificate be executed any event, within 72 haurs attending physician and remave carban please and in TO HOSP LOR ATTENDING PH. CIAN: The low requires that the may be waited by the haspital rending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the page 3 shauld be detached for use as the burial-transit permit. Then the State Board of Health priar to burial, crematian, ar remayal, and

VR A1S (4) 1SM 9/59

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DIVORCED |

6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH

100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired)

Retired Wisconsin

16. SOCIAL SECURITY NO.

WIDOWED |

03150

e. IS RESIDENCE ON A FARM? YES NO

Year

1960

Rea, Dist. No.

Cecil

Day

Days

(County)

March 29,1960

North East R. D. Cecil. Md.

Penna.

246. REGISTRAR'S SIGNATURE

arily & thous

Months

IF UNDER TYPAR IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

PERFORMED? NO D

DATE SIGNED

(Slole)

(Stote)

USA

9. AGE (In years last birthday)

Mrs. Hattie Guetschow NorthEast, Md.

20f. (City or town)

22d. LOCATION (City, town, or county)

Oxford.

'60

Wisconsin

Marie Skattabo

14. MOTHER'S MAIDEN NAME

Decapitated head with loss of skull & brain

Partial Amp. of rt. arm and fracture of

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19, WAS AUTOPSY

Penna. Rail road train # 126

factory, street, office bldg., etc.)

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

24g. REC'D BY REGISTRAR

APR 1

DEPUTY MEDICAL EXAMINER

DATE

17. INFORMANT

lower rt. leg. Excessive loss blood

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

21. I certify that I tack charge of the remains described above, held an Autapsy . Inspection . Inquiry , and find that

ord Cemeterv

North East

20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form,

While of work of work PRR Tracks

death resulted fram: Natural causes , Accident X, Suicide , Hamicide , Undetermined cause .

22c. NAME OF CEMETERY OR CREMATORY

YES.

Address

may S should 00 0 5M 9/55

4 should be

PLACE OF DEATH

a. COUNTY

NAME OF

DECEASED

Male

13. FATHER'S NAME

cause lost.

NO.

White

Herman Guetschow

18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]

DUE TO

DUE TO

Month, Day, Year

1960

C. Dodson M.D.

1960

FUNERAL HOME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to immediate cause

(o), sloting the underlying

20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

R.

220. BURIAL, CREMATION, 22b. DATE THEREOF

20c. TIME OF INJURY

ACTUAL

NAME (Type)

(Type or print)

VS. A15ME(5)

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	name independ de la	THE PARTY OF THE P	

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	31	83	CERTI	FICATE	OF DEAT	П		Reg. Dist.	No.	
1. PLACE OF DEATH			MARY	li o	UAL RESIDENCE (W	here deceased	lived. If institution	n: Residence t	pefore admis	ssion)
GEO		5 1			MD.			CECI		
RURAL and give	(If outside corporate lim nearest town)	nifs, write c	LENGTH OF STAY	IN 16	CITY OR TOWN (IF	outside corpor	ote limits, write R	JRAL ond give	nearest tow	m)
	NOWING  TAL (If not in hospital,		LIFE			CONOMI	NGO			
OR INSTITUTION		give sincer doc	31 433 )	/ d.	STREET ADDRESS				ON	SIDENCE A FARM?
3. NAME OF DECEASED	Fi	irst	Middle		Lost	4. DATE OF	Mon	th	Day	Year
(Type or print)	LENA		FULT		HALL	DEATH	3/	/	18/	1960
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	ED B. DATE	OF BIRTH		9. AGE (In years lost birthdoy)	Months Da	-	ER 24 HRS.
FEMALE	WHITE	WIDOWED	_		/22// 189	96	64 yrs.		75 110015	Min.
during most of wo	ON (Give kind of work rking life, even if retired	done 10b. KII	ND OF BUSINESS O	R INDUSTRY 1	BIRTHPLACE (Stote	e or foreign co	ountry)	12. CITIZEI	N OF WHAT	COUNTRY
HOUSEWIFE		OW	N HOME		ECIL CO.	MD.		U.	S.A.	
13. FATHER'S NAME				14, 7	MOTHER'S MAIDEN	NAME				
JOSEPH	FULTON		# 7		ALICE	STEWA	RT	Tugite.		
(Yes, no. or unknown)	ER IN U. S. ARMED FO (If yes, give war or dates of		CIAL SECURITY NO	. 17. INFORM	ANT		Addr	ess		
NO		<u> </u>	-22-590	5 MRS.	HORACE F	IALL	RISING	SUN, MI	D.	
	ATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE ( DUE TO	ossev	en e Dem	,	· into (	Hest		d	NTERVAL BI	DEATH
Conditions, if a gove rise to couse (a), stating lying cause lost.	immediate DUE TO		ucer	it la	~ Uess	1205	Ċ	2,6	14r	-0
	HER SIGNIFICANT CON	ODITIONS CON	STRIBLITING TO DEA	ATH BUT NOT PE	LATED TO THE TERM	IINIAI DISEASE	CONDITION GIV	ENI INI PART 1/a	1 10 WAS	ALITOPSV
5							12.00	EN IN PART I	PERFC	RMED?
	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OF	CCURRED. (Ente	r noture of injury in	Port I or Part	II of item 18.)			
20c. TIME OF INJU Hour a. n. p. m.	RY Month, Day, Ye	While of work	_ Not while	20e. PLACE OF foctory, str	INJURY (Home, farreet, office bldg., et	m, 20f. (City	or town)	(Cour	nty)	(Stote)
21. I certify t	hat I attended the	e deceased	fram Apm	13.	1957, to 4	evel 18	196 3	that I last	saw the	decease
alive an Stee	nec 17	- 19 G P	and that	death accur	red at 10:3	AM. fram	the causes a			
ACTUAL SIGNATURE	Alle	heen	0-	M.D.	Baxu	ADDRESS (Str	eet, city or town,	state)		ATE SIGNE
PHYSICIAN'S NAME (Type)	S. H. R.	che	ards.	Jr.	Port 1	Sep	osit	md.	3/19/	160
220. BURIAL, CREMATIC	ON. 22b. DATE THERE	OF 12	O. MANE OF CENT	TERM OF CREW					7	
			2c. NAME OF CEME	ETERT OR CREM	ATORY	22d. LOCAT	ION (City, town, o	r county)	(Stot	le)
REMOVAL (Specify	1 1	260	PENN HI	LL CEM	ATORY	PEAC		r county)		PA

RISING SUN, MD. DATE

TO HOSP VS A15 (4) 15M 9/55

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	A STATE OF THE STA		
	March 1994 Committee would interest to be		
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		A count Envisore with Indicates (1) (Seek E. J. von )	S to sell:
47.886	K Thansall Sales	J. Shankards Je	THE OWNER OF
	Expension Activities	Committee of the commit	
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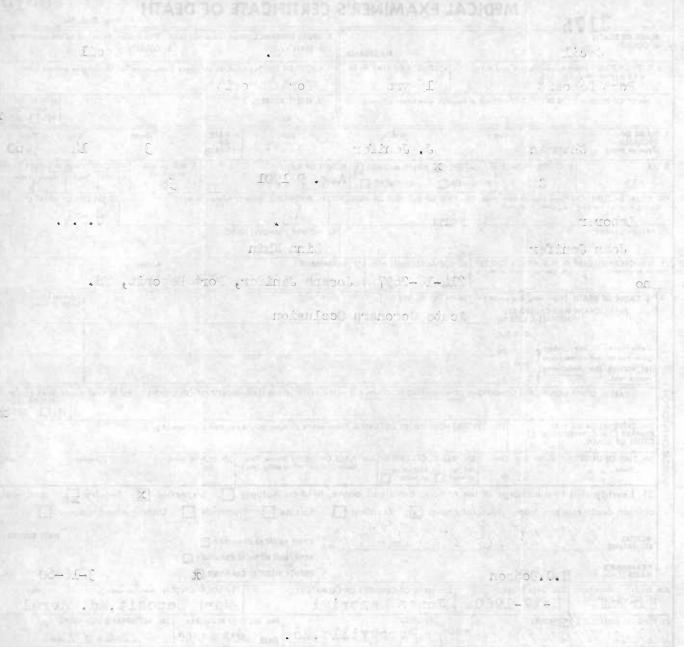
Reg. Dist. No. 96 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES THING THE Month Year Day March 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS Months Dovs Hours 12. CITIZEN OF WHAT COUNTRY? USA Box 135 Add Murricane . W. Va. Roy H. Ferrell, brother-in-law, Route 3. INTERVAL BETWEEN ONSET AND DEATH Peritonitis, extravasated contents of viscera 48 hrs. unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stote) 21. I certify that attended the deceased from December 3, 1939, to March 9 , 1960 that klast saw the deceased ADDRESS (Street, city or town, stote) DATE SIGNED M.D. V. A. Hospital, Perry Point, Md. 3-10-60 Clinical Pathologist 22d. LOCATION (City, town, or county) (Stote) Beckley, West Virginia 246, REGISTRAR'S SIGNATURE MAR 1 4 '60 Havre de Grace. Md. arthur & Thomas DATE

VS A15 (4) 15M 9/58

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TO HOSP

OR ATTENDING PH. AN: The law requires may be Asistined by the Asistined by the hospital of Andreading physician and campletely filled in TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the form the property of the purity of the property of the property of the purity of the purit the registrar priar ta burial, cremation, or

VS A15 (4) 15M 9/5B

		020.	1.0	CERTII	FICAI	E OF DE	AIF	1		Reg. D	Dist. No	. 96	
)	1. PLACE OF DEATH o. COUNTY	Cecil		MARYL		o. STATE		and	d lived. If institut b. COUNTY		hes	Tok	sion)
1	b. CITY OR TOWN	(If outside corporate limi	s, write	c. LENGTH OF STAY	N 1b	c. CITY OR TOW	/N (If o	outside corpo	rote limits, write F	RURAL onc	give ne	arest tow	n)
	Perry P		1	yrs.4mo.1	3days	Ea	st	New M	arket		00	X	2
	OR INSTITUTION	TAL (If not in hospital, g	ive street o	ddress)		d. STREET ADDR	RESS						FARM?
ı	3. NAME OF	Fir		Middle		Last		4. DATE	Mor	nth	De	unk	nowr.
	(Type or print)	MA	RTIN	M.		JOHNSO	N	OF DEATH	Mare	ch	9		1960
Ì	5. SEX			ED NEVER MARRIE	D 😿 B. C	DATE OF BIRTH			9. AGE (In years	IF UNDE	R 1 YEAR	IF UND	
	Male	Negro	WIDOWE			M1-1-90	13		lost birthdoy) 70 yrs.	Months	Doys	Hours	Min.
1	100. USUAL OCCUPATI	ON (Give kind of work or rking life, even if retired)	lone 10b. I	(IND OF BUSINESS OF	INDUSTR	A 4	1.6	or foreign co	ountry)	12. CI	TIZENO	F WHAT C	OUNTRY
	Labor			Farm		Maryl	and		A. Lewis	T	JSA		
ı	13. FATHER'S NAME				1	4. MOTHER'S MA	IDEN N	NAME			60	4	-
ı	J	ohn B. Joh	nson	(deceased	)	Harri	ett	Thom	nson (de	eceas	sed)		
1		ER IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO.	INFO	RMANT	-		Ade	Vienr		Marv	land
ı	Yes	WW I		nknown	Mrg	Annie	Pin	der.c		Route		_	109
1		ATH [Enter only one ca				241112			oub III		LINT	ERVAL BE	TWEEN
ı	PART I. DE	ATH WAS CAUSED BY	7	Pyeloneph	ri ti c						ON	SET AND	
ı	610			TACTOMENT	11010	•						+)	days
	Conditions, if a gave rise to couse (o), stating lying couse lost.	the <u>under-</u>		Benign pr	ostai	ic hype	rtr	ophy	& obstr	ictio	on	unk	nown
I	Z PART II. OT	HER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEA	TH BUT NO	T RELATED TO TH	E TERMI	NAL DISEASI	E CONDITION GI	VEN IN PA	RT 1(o)		AUTOPSY ORMED?
	PART II. OT		A	rterioscl	erosi	s gener	ali	zed				YES 🗔	
١	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING DEATH MEDICAL EXAMINER)		RIBE HOW INJURY OF					t II of item 18.)				
	Y 20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Yes	While of work	_ Not while_	20e. PLACE factor	OF INJURY (Hom y, street, office blo	ne, form dg., etc	20f. (City	or town)		(County)	ki	(Stote
	21. I certify the	hat <del>k</del> ottended the	deceose	d from Octob	er 2	5_, 19.57_, t	o_Ma	rch 9	180:	xthat x	corthson	ac three to	KCE CON
		XXXXXXXXX											
l		00	00	7					treet, city or town,				TE SIGNE
	ACTUAL SIGNATURE	12	A	aren	M.D	V.A. Ho	spi	tal.	Perry P	oint	Md.	3	10-6
	PHYSICIAN'S NAME (Type)	J. L.	GARE	EY J					thologi				
	220. BURIAL, CREMATIC	ON, 22b. DATE THEREO	F	22c. NAME OF CEME	TERY OR C	REMATORY		22d. LOCAT	TION (City, town,	or county	)	(Sto	te)
	REMOVAL (Specify	March 12	, 196	D Thomp	sont	own		Thom	psontow	n. M	arvl	and	
	23. FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS		244	a. REC'	D BY REGIST	RAR 24b. REG				715
	J. J. Fr	ampton & S	on,	Federalsh	urg,	Md. DA	TE MA	R 21 '6	0 0	Thur &	. Kras	4	

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V	de. met. Librar A.			
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TO HOSP

VS A15 (4) 15M 9/5B

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

03155 Rea. Dist. No.

		318	36	CER	TIFICA	TE OF I	PEATH	1		Reg. D	Dist. No.		100
1. PLA o. C	CE OF DEATH	IL		MA	RYLAND	2. USUAL RESI	LAND	ere deceased	lived. If instituti b. COUNTY Pri	on: Reside	Geor	ore odmiss	ion)
_ R	TITY OR TOWN (IF URAL ond give nec ETTY Poil	outside corporate limi prest lown) 1 t	ts, write	c. LENGTH OF ST.		c. CITY OR	100	utside corpore	ote limits, write R	URAL ond	give nec	arest town	1)
	OR INSTITUTION	I (If not in hospitol, g		oddress)		d. STREET A	DDRESS	ige Ro				ONA	SIDENCE FARM?
3. NAI DEC	ME OF EASED be or print)	Fir J (	SHN	WILS		KITCE	t	4. DATE OF DEATH	March	ith	14	-/	Yeor 1960
5. SEX	[ale	6. COLOR OR RACE White	7. MARE	_		DATE OF BIRT			9. AGE (In years lost birthdoy) 65 yrs.	IF UNDE Months		Hours Hours	ER 24 HRS. Min.
10o. US du	SUAL OCCUPATION TIPE TO THE SUAL OCCUPATION OF WORK	N (Give kind of work ng life, even if refired Petired	done 10b.	Unknown			ACE (Stote	or foreign cou	untry)		TIZEN OF	FWHATC	OUNTRY?
	ASPER H	. KITCHEN				14. MOTHER'S EDITH	MAIDEN N			5			
15. WA (Yes, no.		IN U. S. ARMED FOR		SOCIAL SECURITY I		ormant Ly Kito	hen,	<b>Vif</b> e	9-C Rid	-			
g co	PART I. DEAT  58 / Conditions, if on ove rise to impuse (o), stoting the ring couse lost.	mediote Dur To	Br Ot	onchopne structio	umonia	iary ci	rrhos	sis			ONS 4	ınkno	death
CERTIFICATION	D. ACCIDENT WAS	S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	Art	cerioscle	rosis	genera	lized	d mode	rately			PERFO	NO [
	Hour o. m.		While	NJURY OCCURRED Not while	20e. PLAC focto	CE OF INJURY ( ory, street, office	Home, form, bldg., etc.	, 20f. (City o	or town)		(County)		(Stote)
AC SIC		J.	XXXX	ed IIdiii		D. V.A.H	8:15F Cospit	M, fram the ADDRESS (Strate )	he causes an ent, city or town, erry Po hologis	d an the stote)	ne date	stated DAT	d above. TE SIGNED
RE	JRIAL, CREMATION MOVAL (Specify)	3/15/	60	22c. NAME OF CI	unkno			Jamele	ON (City, town,	un	w	Pa,	e)
23. FUN	Penning	ton & Son	) , I	ADDRESS Havre de	Grace	, Md.	24a. REC'I	R 1 7 '60		6	Krau		

Language of the language of th STATE OF SAME SERVICES AND THE SAME SERVICES The straight of the straight o 1915 Thirty Parks 1915 The Committee of 6 Thirty compacts within 1 of 1/2 file of 1-40 to THE REPORT OF THE PARTY OF THE table to a covice of the state STUDE ARTHURSEN BESTERNAME VERSESTER ENTRE Section as a second of the sec The property of the state of th No. of the last of and the state of t

Havre de Grace, Md.

DATEMAR 1 4 '60

03156

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Reg. Dist. No.

e. IS RESIDENCE ON A FARM? YES NO

INTERVAL SETWEEN ONSET AND DEATH

unknown

YES W NO

(Stote)

DATE SIGNED

3-9-60

(Stote)

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ospecially or ATTENDING PH. MAN: The low requires that the death certificate be executed when it is often death. The low requires that the death of the hospital certificate has been signed by the ottending physician and completely filled in by the functor 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1-and 2 should be fisted board of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer death.

HO	0	II.	0
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VR 15	A	15	(4)
13	M	7/:	77

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		¥							
1. PLACE OF DEATH o. COUNTY	ecil		MARYI	LAND	2. USUAL RESIDENCE (V o. STATE D. C.		d lived. If instituti b. COUNTY	on: Residence	before admission)
	If outside corporate limi	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (II	<u> </u>	rote limits, write R	URAL ond give	e nearest town)
	Point		1 yr. 17	davs	Wash	ington		L	47x-3
	TAL (If not in hospitol, g	ive street			d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	Administr				1100 -	12 St:	reet. N.	W.	YES NO
3. NAME OF DECEASED	Fir		Middle		Lost	4. DATE OF	Mon	th	Day Year
(Type or print) S. SEX		ANK	GEOR		MAGUIRE	DEATH	Marc		29 19 60 (EAR IF UNDER 24 HRS
			IED NEVER MARRIE	_	DATE OF BIRTH		lost birthdoy)		ays Hours Min.
Male	White	WIDOWE			8-18-91		68 yrs.	12 CITIZE	N OF WHAT COUNTRY
during most of wor	king life, even if retired			K INDUST	RY 11. BIRTHPLACE (Sto	re or roreign co	ountry)	12. CITIZEI	NOT WHAT COUNTRY
Repai:	rman	1	Wood Work		Delaware			USA	
IS. FAIRER'S NAME					14. MOTHER 5 MAIDEN	NAME			
	eswoir Mag			]	Margaret	Flinn		resWash.	50 0
15. WAS DECEASED EVE (Yes, no, or unknown)	(If yes, give war or dates of s	CES7 16.	SOCIAL SECURITY NO.		ORMANT				
Yes	WWI	u	nknown	Car	1 W. Berue:	iiy,gu	ardian,	215 C.	St., N.W
	ATH [Enter only one co								INTERVAL BETWEEN ONSET AND DEATH
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Bron	nchopneumo	nia,	bilateral	, lowe:	r lobes,		4-5 days
541	DUE TO	u	nresolved						
Conditions, if a	ony, which ) (b	Per	itonitis d	ue t	o extravas	ated c	ontents	of	24-48 hr
gove rise to i		vis	cera						
lying couse lost.		Rup	tured pept	ic u	lcer				unknown
PART II. OT	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED?
CAT	Ar	terio	osclerosis	gen	eralized, 1	modera	tely sev	ere	YES NO
PART II. OTI	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED.	(Enter noture of injury i	n Port I or Por	t II of item 18.)		
	RY Month, Doy, Yes	or 20d. It	NJURY OCCURRED	20e. PLAC	E OF INJURY (Home, fo	rm, 20f. (City	or town)	(Cou	unty) (State
Hour o.m.	19	While of wor	Not while	tocto	ory, street, office bldg., e	etc.)			
	enter this bosnital			from M	arch 12 1	05.9 to 1	Jaroh 20	10.60	artheataf Netrae teher
					ath occurred of 7				
220. SIGNATURE	Secretaria de la companya della companya della companya de la companya della comp	1	FORMENAVONO	mar de	ain occurred of 12	ווופשור ליאורי	me causes ar	id on the c	22b. DATE
	LII	1	ISOIN	M		MED.	STAFF PHYS.		3-30-60
22c. PHYSICIAN'S	A The	70	and the second		22d. ADDRESS	DIRECTOR [	11113.		3=30=60
NAME (Type)	J. L. GAR	REY	Chinical	Patl	ndlogist, N	7. A. Ho	spital.	Perry	Point. Me
23a. BURUAL, CREMATIC			23c. NAME OF CEME				TION (City, town,		(Stote)
KEMOVAL (Specify	8 4/1/	60			on not en		lington,	. ,,	(
24. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			C'D BY REGIST		STRAR'S SIGN	
Chevy Cha	se Fun. Ho	me, 5	103 Wisco	nsin	Ave. NWpAWa				2. Kuns
					DAIL		12111	L had	A. / W.

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ofter death.

of work of work p. m.

(County)

(State)

03158

e. IS RESIDENCE

Day

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

4 hours.

2 years.

YES NO

6

Dovs

YES I NO THE

Year

1960

Mar 6

Jan 21. I certify that I attended the deceased from. 060

19 60 and that death occurred at 6:30A M, from the causes and an the date stated above.

March 6

19 60 that I last saw the deceased

ACTUAL

ADDRESS (Street, city or town, stote) Cecilton Md.

DATE SIGNED 9 Mar 60

(Stote)

PHYSICIAN'S NAME (Type) Wallace Obenshain.M.D.

220. BURIAL, CREMATION, 22b, DATE THEREOF REMOVAL (Specify)

March 9.1960

22c. NAME OF CEMETERY OF CREMATORY Cecilton Cemetery

22d. LOCATION (City, town, or county) Cecilton

> 24b. REGISTRAR'S SIGNATURE Children S. Kraus

23. FUNERAL DIRECTOR'S SIGNATURE

**ADDRESS** 

15M 9/55

24a. REC'D BY REGISTRAR DATEMAR 1

Md.

a. STATE

Md.

MARYLAND

c. LENGTH OF STAY IN 16

Cecil

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

b. COUNTY

e. IS RESIDENCE ON A FARM?

Day

USA

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO P

YES NOT

Year

1960

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1. PLACE OF DEATH

Cecil

a. COUNTY

b. CITY OR TOWN (If autside carporate limits, write c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest tawn) RURAL and give nearest tawn)
Elkton 2 Yrs Elkton d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS OR INSTITUTION Union Hospital Cathedral Street 3. NAME OF Middle 4. DATE Manth DECEASED **ESTHER** MILBURN March (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH last birthday) Manths Dec. 15,1892 Female White WIDOWED X DIVORCED | 10a. USUAL OCCUPATION (Give kind af wark dane during mast af working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign cauntry) 12. CITIZEN OF WHAT COUNTRY? Hospital House-keeper Phila. Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Retta 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address George Smiley No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Haur a.m.

Year 20d. INJURY OCCURRED

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)

20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) factory, street, affice bldg., etc.)

(County) (State)

21. I certify that I attended the deceased from 2.4 Much, 1960, to 30 Minels, 1960that I last saw the deceased alive on

ACTUAL

and that death occurred at 11277M, from the causes and an the date stated above.

Nat while at wark at wark

> ADDRESS (Street, city ar tawn, state) East Main Street Elkton, Md.

DATE SIGNED

PHYSICIAN'S NAME (Type)

Kreis. George

22b. DATE THEREOF

Day,

22c. NAME OF CEMETERY OR CREMATORY Fernwood Cemetery

22d. LOCATION (City, tawn, ar county)

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

22a. BURIAL CREMATION.

Delaware Co. Penna. 24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

PIPPIN FUNERAL HOME I malth by Elkton, Md DATE APR 1

arily S. Kraus

FUNERAL DIRECTOR: 3 shauld page 0 VS A15 (4) 1SM 9/SB

prior

Market Thomas 2 2 200 15 1872 67 Allega allega Lades and a second and a second and a 44 to 100 learing Engley While, Payne. The same of the sa and the state of the state of termen ich essendel twoman beethal der der der A COUNTY OF THE SAME AND THE SAME

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VS. A15ME(5)

# MARYAND STATE DEPARTMENT OF HEALTH - LANDMORE 13

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3-1-0	25	College September 1988		a montofile with

urs after death. Page 4	in by the funeral director,	and 2 should be filed with		) ×
TO HOS! TO HOS! OR ATTENDING PIN IAN: The law requires that the death certificate be executed w 2: Urs after death. Page 4	may be a sined by the haspital to rending physician.	page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 an the registror prior to burial, cremation, or removal, and in any event within 72 hours after death.		
VS 15A	A15 (	4)	(	3

E 127	31		EKTIFICA	ATE OF DEATH			Reg. Dis	t. No.	1
1. PLACE OF DEATH a. COUNTY	Cecil		MARYLAND	2. USUAL RESIDENCE (Who		ed. If institution b. COUNTY	on: Residence		dmission)
B. CITY OR TOWN OR RURAL and give no Chesapeal		111	OF STAY IN 16	c. CITY OR TOWN (IF or			URAL and g	ive nearest	town)
	TAL (If not in haspital, air			d. STREET ADDRESS	are Cu	, cy		0	RESIDENCE
3. NAME OF DECEASED (Type or print)	ALBERT'		Middle OHREI	Last		Mon larch		Day	Year 19 6
5. SEX Male		7. MARRIED X NEVE	R MARRIED	8. DATE OF BIRTH  Jan 12, 1884	9. /	GE (In years ast birthdoy) 76 yrs.	1	-	JNDER 24 HI
during most of wor Tailo	king life, even if retired)		ired	New Yor	k	γ)	US US		IAT COUNTR
13. FATHER'S NAME	gnore Ohre	1		No Tn	fo.				
	ER IN U. S. ARMED FORC (If yes, give war or dates of ser	ES? 16. SOCIAL SECU	101	NFORMANT		hes.	city.	Md.	
ICATIO	immediate DUE TO the <u>under-</u> (c). HER SIGNIFICANT COND					MDITION GIV	EN IN PART	PE	VAS AUTOPS ERFORMED? S NO F
20a. ACCIDENT WORK CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUING A. m. p. m.	G CAUSE OF DEATH	1	RRED 20e. PL	D. (Enter nature of injury in P ACE OF INJURY (Home, farm, ctary, street, office bldg., etc.	, 20f. (City or		(C	Caunty)	(Sta
	that I attended the	3			Mark M, fram the ADDRESS (Street	causes an	d an the		de deceas ated abay DAYE SIGN
220. BURIAL, CREMATIC REMOVAL (Specify BURIAL	3/27/60	Bet		metery		hes.	City,	Md.	(State)
23. FUNERAL DIRECTOR PIPPIN FU	NERAL HOME	nonal A. De	ss <sub>20</sub> Elkt	2 / 3	BY REGISTRAR		STRAR'S SIG		

. 120 . 10 feet ) store (100 p. 1-65-116) The table to the same of the s The first control of the second secon

VS A15 (4) 15M 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3190

**CERTIFICATE OF DEATH** 

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							Key. Dist. 14	0.
1. PLACE OF DEATH a. COUNTY Cecil		MARYLAN	1 0	JAL RESIDENCE (VESTATE Maryla		ed lived. If institution b. COUNTY	on: Residence be	fore admission)
b. CITY OR TOWN (If our RURAL ond give neares Perryvil	t tawn)	c. LENGTH OF STAY IN 1	b c. (	Perry		orote limits, write R	URAL ond give n	earest tawn)
d. NAME OF HOSPITAL (I OR INSTITUTION	f nat in haspital, give st		Į d.	STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO 3
3. NAME OF DECEASED (Type or print)	First Kersey	Middle Frank		lost Peters	4. DATE OF DEATH	Man Marc		Pay Year 1960
5. SEX 6.		MARRIED NEVER MARRIED DOWED DIVORCED		OF BIRTH	73	9. AGE (In years lost birthdoy) 86 yrs.	Months Days	Haurs Min.
during most of working	Give kind of work done life, even if refired)  Crane Oper	10b. KIND OF BUSINESS OR IN Penna. Railr		BIRTHPLACE (Sto		country)	12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME			14. N	OTHER'S MAIDEN				
William C		The cocini escupity high	INICORM	Mary E.	Rinee	Add		
	give war or dates of service)		INFORMA		D		2010	
NO IR CAUSE OF DEATH	[Enter only one cause of	716-01-8431 M	13. 0.	W. Cox,	LOLL	ville, Mo		TERVAL BETWEEN
	VAS CAUSED BY:	Ja Je : 1000	1	C B	1	0.00	Öi	SET AND DEATH
1/22	MEDIATE CAUSE (a)	Trunchtuce.	- ou	e and	conge	succes		1
40d, 1	DUE TO	Disease	(	e Choca	ompe	usation		6 months
Conditions, if ony,	digte							
couse (a), stating the							49.	
lying cause last.	) (c)	ANIC CONTRIBUTING TO DEATH I	BUT NOT BE	LATED TO THE TER	MAINIAL DISEA	CE COMPITION ON	(ENLINE BARY 1/-)	TID MAS AUTOREY
Jeni Seni	lity	ONS <u>CONTRIBUTING TO DEATH</u> I	BUT NOT KE	CATED TO THE TER	MINAL DISEA	SE CONDITION GIV	EN IN PART I(o)	PERFORMED?
200. ACCIDENT WAS UP	NDERLYING 20b. CAUSE OF DEATH HEAL EXAMINER)	DESCRIBE HOW INJURY OCCUI	RRED. (Enter	noture of injury i	in Port I ar Pa	ort II of item 18.)		
20c. TIME OF INJURY A	- W	Od. INJURY OCCURRED 20e.		INJURY (Home, fo eet, office bldge		ty ar tawn)	(Count	y) (State)
21. I certify that	ottended the dec	Tasla	+	10. ES 10 =	3/2-	Z 10/m	that I last sa	ow the deceased
alive on	2.7	cosed Home	/	1747, 10	25 P. C.			te stated obove
dive on 2	- 0	1216-2012 and market	om occur	Led of Partie		Street, city or town,		DATE SIGNED
ACTUAL SIGNATURE	tudad	Hoeun	M.O.	211 N.	11	ias Ave	,	3/23/6
PHYSICIAN'S Ed	ward C. Loc	, , ,		Havre de	Grace	, Maryla	nd	1 1
220. BURIAL CREMATION, REMOVAL (Specify)	3/25/60	2. NAME OF CEMETERS Principio C			7.75	ATION (City, town,		(Stote)
23. AUNERAL DIRECTOR'S SA		ADDRESS	eme re	24g. RE		SIDIO Furi	<u>1808, UEC</u> STRAR'S SIGNAT	URE
Lova Tatte	rongs	M. Perryville.	Md.	DATE	MAR 2	M /LII	Chulmy S. ;	1 -

TIME CLATHICAGE DE DESCRIPCION DE DE

c. LENGTH OF STAY IN 16

l Year

o. siMaryland MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Cecil

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) Port Deposit

> e, IS RESIDENCE ON A FARM

d. STREET ADDRESS OR INSTITUTO Patt Nursing Home N. Main St. YES NOTE 4. DATE First Middle Month Day Year Eliza Pyle 1960 Jane March (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Female White DIVORCED T 11-23-1868 WIDOWED X YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Store Own Pennsylvania USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

Joseph

Wright

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

Margery 17. INFORMANT

Jenkins Address

IYes, no or unknown None Phoebe S. Pyle Port Deposit. Md. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]

Benerolized Arterio selevosis PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), stating the under-

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port 11 af item 18.)

20c. TIME OF INJURY

20d. INJURY OCCURRED Not while at work ot wark

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

(County)

PERFORMED? YES NO IT

(Stote)

INTERVAL BETWEEN

ONSET AND DEATH

. 1960, that I last saw the deceased 21. I certify that I attended the deceased from / and that death occurred at 7:30% M. from the causes and on the date stated above ADDRESS (Street, city or toyin, state) DATE SIGNED

ACTUAL

PHYSICIAN'S NAME (Type)

MEDICAL

lying couse lost.

Hour o. m.

220. BURIAL, CREMATION,

/30 1960

Hopewell Cemetery

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county) Port

Deposit wa 246. REGISTRAR'S SIGNATURE

UNERAL DIRECTOR'S SIGNATURE

ADDRESS Perryville

240. REC'D BY REGISTRAR MAR 3 0 '60

Orthun & Health

funeral plands cample of 8 þ rtificate o DIRECTO 3 should ě 0

requires that

with

be filed

death.

A15 (4)

VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Dist	Al-				

	319	1	CERTIFI	CATE OF	DEATH			Reg. D		YOI
o. COUNTY	Cecil		MARYLAN	II o. STATE	SIDENCE (Who	re deceased	DATE OF OF DEATH  March  9. AGE (In years lost birthday) 72 yrs.  12. CITIZEN OF WHAT  13. CITIZEN OF WHAT  WAS CITY  14. CITIZEN OF WHAT  WAS CITY  INTERVAL RI ONSE! AND  INTERVAL RI ONSE! AND  LDISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PERFO YES []  1 or Port II of item 18.)  20f. (City or town)  County)  12. CITIZEN OF WHAT  CONSE! AND  COUNTY  COUNT	mission)		
b. CITY OR TOWN RURAL ond give Bay	(If outside corporate limits nearest town) VIEW	s, write c. LE	NGTH OF STAY IN	1 1	TOWN (If our		ate limits, write	RURAL and	give nearest	lown)
d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospitol, gi N	ve street addres	is)	d. STREET					0	RESIDENCE N A FARM?
DECEASED (Type or print)	Frank	1	Middle C.	Robinso		4. DATE OF DEATH			Day	Year 19 60
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED				9. AGE (In vec	IF UNDE		NDER 24 HRS.
Male	1 11	WIDOWED 🔯	DIVORCED	trug us o		887	72 ×		Days Ho	ars Min.
Oa. USUAL OCCUPA' during most of w Marine F  3. FATHER'S NAME	TION (Give kind of work do orking life, even if retired) ingineer:		of Business OR IN	Ma	PLACE (Stote of arylan) 'S MAIDEN NA	d	ountry)	12. CI		
Frank	Robinson				ılia S					
S. WAS DECEASED E	VER IN U. S. ARMED FORCE		AL SECURITY NO. 1	7. INFORMANT	LITA D	mi cii	A	ddress		
Yes, no. or unknown)  NO	(If yes, give wor or dates of ser	7 1 L	20-0220	Frank H.	Pohi	ngon	Chan	omoole	- 721	262
Conditions, if gave rise to couse (o), stolin lying couse los PART II. CO PART III. CO OR CONTRIBUTING (IF EITHER, NOTIL)	immediate DUE TO	PITIONS <u>CONTR</u>	BUTING TO DEATH				CONDITION	GIVEN IN PAI	PE	AS AUTOPSY RFORMED?
	WAS UNDERLYING A NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCU	RRED. (Enter nature	of injury in Po	ort I or Port	II of item 18.)			
20c. TIME OF INJ Hour a. p.	1.		Not while_	PLACE OF INJURY foctory, street, offi	(Home, form, ice bldg., etc.)	20f. (City	or town)	(	(County)	(State)
	that I attended the	deceased fr		ath occurred a	19:45	124				
alive on	m: 0		7,8		D	DDRESS (Si	reet, city or tow	rn, state)	the date st	
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Neil Tayl	or, J	afn?	<b>5</b> M.D	Ris	DORESS (Sti	Seel, city or low	rn, state)	me date st	
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	ION, 226. DATE THEREOF	or, J.	aghil		Ris	DDRESS (Str	Seel, city or low	rn, state)	ml	DATE SIGNE

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			TO THE STATE OF TH	COLUMN CO
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PARTY IN

3169

**CERTIFICATE OF DEATH** 

03165

Reg. Dist. No.

the registrar prior ta burial, cremation, ar removal, and in ony event within 72 haurs after death.	page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed wit		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director
remation, ar removal, and in ony event		ar use as the burial-transit permit. Then	this certificate has been signed by the a ar use as the burial-transit permit. Then
egistrar prior ta burial, cremat		e 3 shauld be detached far use	JNERAL DIRECTOR: After this of 3 should be detached for use

burs ofter death. Page 4

)	1. PLACE OF DEATH o. COUNTY Ceci	1	MARYLAND	2. USUAL RESID	PENCE (Where decease Md.	ed lived. If institution b. COUNTY	on: Residence before Ceci.	-
	b. CITY OR TOWN (If outside corpor RURAL and give nearest town) Elkton	ote limits, write	c. LENGTH OF STAY IN 16	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	own (If outside corporth East	orote limits, write R	URAL ond give ne	
5	d. NAME OF HOSPITAL (If not in hose OR INSTITUTION HOSPI		oddress)	d. STREET A	Doress D. #1			e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Loret	First ta.	Middle	Saunde	OF	March	th Do	Yeor 19 60
	5. SEX 6. COLOR OR Female Whit		NEVER MARRIED DIVORCED	B. DATE OF BIRTH	12, 1883	9. AGE (In years lost birthdoy) 76 yrs.	Months Days	IF UNDER 24 HRS. Hours Min.
	10o. USUAL OCCUPATION (Give kind or during most of working life, even if Housewife.  13. FATHER'S NAME  Thomas Fields	f work done 10b. retired)	kind of Business or Ind at home	West		a		FWHAT COUNTRY?
	15. WAS DECEASED EVER IN U. S. ARM (Yes, no, or unknown) (If yes, give war or	ED FORCES? 16.	social security No.	INFORMANT	orough R	Add		East, Md.
	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost.  PART II. OTHER SIGNIFICAN  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM Hour o.m. p. m.  21. I certify that I attended alive an 3 12  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 2 USS	DUE TO  (b)  DUE TO  (c)  HIT CONDITIONS (C)  DEATH AINER)  DOY, Yeor  20d. II  White of wor  and the decease  9, 19	ARDIO-VAS  VPERTEA  CONTRIBUTING TO DEATH BL  A. S.  CRIBE HOW INJURY OCCURRED  Not while of work of work  and that death  A. A. A.  A. C. A. C.	A. S PED. (Enter noture of place of INJURY (I octory, street, office of the accurred at the accurrence	THE TERMINAL DISEAS  C. V. D  finjury in Port I or Po  Home, form, 20f. (Cit bldg., etc.)  , ta3 = Z  830 P M, fram  ADDRESS (S	om Bos  VID  SE CONDITION GIV  It II of item 18.)  y or town)  -9, 1960, the causes an object, city or town,  Worth	(County)  that I last say at an the date stote)	PERFORMED? YES NO (Stote)  w the deceased e stated above. DATE SIGNED 3 - 29-60
	220. BURIAL, CREMATION, REMOVAL (Specify)  Burial April  23. FUNERAL DIRECTOR'S SIGNATURE	2, 19	22c. NAME OF CEMETERY North Ea	or crematory st Meth			or county)  T  STRAR'S SIGNATU	(Stote)  Md
	GRANT FUNERAL HO	OME Don a	IdM. De N	orth Eas			anthur S. A	Cinera

alseas and I geofernes 37 280) (At Jan 111 12 12 13 nancing the dentile of the second of the second 9 1 0 apalatered in the last of the . A . Service of the service of the service of the CARDIC VASCULAR FABRUARE - 1500m CINTY A CONTENDANT THE MENSISSISSISSING HEALT OF VILLENGE NEEDS WITH Market S west in a man will be 

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TO HOSE OR ATTENDING PH AN: The law requires that the death certificate be executed which is after death. Page 4 may be writed by the hospital cheding physicion.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers, Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs often death.

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VR A1S (4) 15M 9/S9

V													
	PLACE OF DEATH o. COUNTY	ecil		MARYL	AND	o STATE		ere deceased	lived. If instituti b. COUNTY			ieu	ion)
		If outside corporate limi	ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TO	OWN (If o	utside corpor	ote limits, write R	URAL ond	give ne	arest town	)
	Perry			9 mo. 28da	ys	I	ake	Charl	es		5	6x.	3
		AL (If not in hospital, g	ive street			d. STREET AD	DRESS					e. IS RESI	IDENCE FARM?
		Administra	ation	Hospital		]	18 I	yons	Street				NO
3.	NAME OF DECEASED	Fir	st	Middle		Last		4. DATE OF	Mor	ith	Do	у Ү	Yeor
	(Type or print)	LUC	CIUS	Q.		SENNE	TTE	DEATH	Mar	ch	27	1	
S.	SEX	6. COLOR OR RACE	7. MARI	NEVER MARRIE	D	8. DATE OF BIRTH			9. AGE (In years lost birthday)	Months	1 YEAR	IF UNDE	R 24 HRS. Min.
	Male	Negro	WIDOW	DIVORCED		4-21-1	2		47 yrs.	Months	Days	Hours	win.
10c	during most of world	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OF	RINDUS	STRY 11. BIRTHPLA	CE (Stote	or foreign co	ountry)	12. CIT	IZEN OI	F WHAT C	OUNTRY?
	Labore	er	P	ostal Serv	ice	Loui	sian	a			USA		
13.	FATHER'S NAME					14. MOTHER'S A	MAIDEN N	IAME					
		Ozema Sen	nett	e		Elig	ia S	cott_					
1S. {Ye	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO.	17, <b>IN</b>	IFORMANT			Lake	escha:	rles	s, La	a.
	Yes	WW-II		unknown	Mr	s.Mary N	arci	sse,S:					
0		TH WAS CAUSED BY:	Br	ne for (o), (b), and (c).] onchopneum		a, bilat	eral	, unre	esolved		ON	ERVAL BET SET AND -5 de	DEATH
	Conditions, if a		A	terioscler	oti	c heart	dise	ase			u	nknov	vn_
	gove rise to i couse (o), stating				• 1								
z	lying couse lost.	) (c		ocardial f								inkno	
CATION	PART II. OII	HER SIGNIFICANT CON		terioscler						VEIN IIN FAI	(1 1(0)	PERFO	RMED?
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture of	injury in I	Port 1 or Port	II of item 18.)				
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Ye	While			ACE OF INJURY (H ctory, street, office			or town)	(	County)		(Stote)
	21. I certify the	at (* (this haspita	l) attend	ded the deceased	fram	May 28	12	59 ta 1	March 27	19_	6.0,x1	car attacp	WHIXING!
	SENERAL XIES	CONTROL VENORIXXX	XXXX	XXXXXXXX and	that o	leath accurred	6:00	O.A.Mrom	the causes ar	nd on th	e date	stated	abave.
	22o. SIGNATURE	29	9	as ess.		ATTENDING	□ MI	ED. RECTOR	STAFF PHYS.				SIGNED
	22c. PHYSICIAN'S NAME (Type)	J. L.	GARE	Y, Clinica	113	22d. ADDRES	SS		and the	Perr	y Po		
230	BURIAL, CREMATIC	ON, 23b. DATE THERE	OF .	23c. NAME OF CEME	TERY O	R CREMATORY		23d. LOCAT	ION (City, town,	or county)		(Stote	e)
1	TEMOVAL (Specify)	3/30//	960	Un	kno	wn	47	Lake	e Charle	es, L	a.	7507	
24.	FUNERAL DIRECTOR	'S SIGNATURE	P	ADDRESS		DATE:	250. REC'	D BY REGIST		STRAR'S SI		RE	
	Fenning	tomber to	'n,	Havre de G	rac	e, Md.	DATE M	AR 3 1 '6	60 C	irthug 2	1. the	and	

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CERTIFICATE OF DEATH

03167

e. IS RESIDENCE

Day

23,

12. CITIZEN OF WHAT COUNTRY?

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

YES NO

(Stote)

DATE SIGNED

(Stote)

IF UNDER 1 YEAR IF UNDER 24 HRS

Doys

U.S.A.

(County)

ON A FARM?

YES NO

Year

1960

Reg. Dist. No.

Cecil

Months

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PIN o. COUNTY o. STATE b. COUNTY MARYLAND Cecil Md. the funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Elkton Elkton d. NAME OF HOSPITAL (If not in hospital, give street address) / d. STREET ADDRESS OR INSTITUTION 211 Howard Street. Union Hospital 4. DATE NAME OF First Middle Month filled DECEASED Robert D. Shelton DEATH Pages (Type or print) March 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years 5. SEX B. DATE OF BIRTH completely lost birthdoy) Male White DIVORCED | WIDOWED | September 15,1887 72 papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) death during most of working life, even if retired) Retired Farmer Farming Cecilton, Md, and corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ofter physician William Shelton Sarah Ellen Register move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address 72 attending Mrs. Anna V. Shelton, 211 Howard St. Elkton, Md. ease 14 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO py any Conditions, if ony, which signed permi gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. burial-transit been PART U. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19. WAS AUTOPSY CATI 206. DESCRIBE HOW/INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING certificate OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINED 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) use Hour o. m. While Not while this ot work ot work 1960 that I last saw the deceased 21. I certify that I attended the deceased fram. and that death occurred at 4.40 \_M, fram the causes and an the date stated above. FUNERAL DIRECTOR: ADDRESS (Street, city or town, stote) ACTUAL pe prior SIGNATURE 3 shauld DHESAPEAKE C PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOYAL (Specify) Burial 27,1960 Cecilton Cemetery March Cecilton Cecil Co. 10 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATEMAR 2 8 '60 arthur & Krans 15M 9/58

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			CERTIFICA	ALE OF DEATH		Reg. Dist. No.
1.		Cecil	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Del. Mary 12	ere deceased lived. If institution b. COUNTY New Cas	
	b. CITY OR TOWN (If a RURAL and give near ELK COX	outside carparate limits, write rest tawn) 1	Life	c. CITY OR TOWN (If or	A near Ell	RURAL and give nearest town)
	OR INSTITUTION	(If not in hospitol, give street nion Hospita		d. STREET ADDRESS  Rt. #2		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	First BABY B	Middle STE	Lost CWART	4. DATE Mon	oth Day Year 6 1860
5.	Male (	6. COLOR OR RACE 7. MAR WIDOW		8. DATE OF BIRTH March 6. 19	9. AGE (In years lost birthday) yrs.	HOUNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
10	o. USUAL OCCUPATION during most of working N.	(Give kind of work done 10b. g life, even if retired)	KIND OF BUSINESS OR INDU	200 00 2 1	or foreign country) Cacal Marvland	12. CITIZEN OF WHAT COUNTRY?
13	B1:	uster Stewar	t	14. MOTHER'S MAIDEN N	tha Sherrel	
15 (Y	. WAS DECEASED EVER I	N U. S. ARMED FORCES? 16. yes, give war or dates of service)	SOCIAL SECURITY NO.	ster Sherre	Add	
7	PART I. DEATH 770.5  Conditions, if any gove rise to improve (a), stating the lying couse last.	DUE TO (c)	A mercery	solubly		INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART II. OTHER		CONTRIBUTING TO DEATH BUT			VEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Year 20d. I While of war	Not while for	ACE OF INJURY (Home, form, tary, street, affice bldg., etc.)		(County) (State)
	21. I certify that alive an	Harring (19)		M.D. Henry		3/6/60
22	BENDYAL (Specify)		22c. NAME OF CEMETERY O Gilpin Mano	R CREMATORY	22d. LOCATION (City, town,	
23	FUNERAL DIRECTOR'S		ADDRESS		8Y REGISTRAR 24b. REGI	STRAR'S SIGNATURE

d in by the and campletely filled fon popers. Poges 1 JAN: The law requires that the death certificate be executed offe may be refained by the haspital Trending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician Then please remaye

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ed with director,

page 3 shauld be detached far use as the burial-transit permit. Then please re the registrar priar ta burial, cremotian, or removal, and in any event within 72 TO HOS VS A15 (4) 15M 9/58 noos 4/+160

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TO HOS.

COR ATTENDING PH. SIAN: The law requires that the death certificate be executed with 24 mirs after death. Page 4 may be recained by the haspital Containing physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

3193

64426

	1. P	LACE OF DEATH	F F REID		TY IS STORY OF	2.	USUAL RESIDENCE	E (Where decease			nce before adn	nission)
	0	. COUNTY	ecil		MARYL	AND	D. STATE	C.	b. COUNTY			V
	Ь		outside corporate limi	ts, write	c. LENGTH OF STAY II	N 16			prote limits, write R	URAL ond	give nearest to	own)
		Perry 1			29 days		Was	shington	1		4 X	2
	d	OR INSTITUTION	L (If not in hospital, g	ive street	oddress)		d. STREET ADDRE	SS			e. IS I	RESIDENCE A FARM?
0	V		Administra	ation	n Hospital		1208 N.	. Capito	ol Stree	t		□ NO □
	D	IAME OF ECEASED	Fig		Middle		Last	4. DATE OF	Mor		Day	Year
	_	Type or print)		MES	(NMI)		TERRELL	DEATH	Mar		31	1960
	S. SE	EX	6. COLOR OR RACE	7. MAR	RIEDE MARRIED	B. C	ATE OF BIRTH		9. AGE (In years last birthday)	Months	Days Hou	
		Male	White	WIDOW		_	2-15-20		40 yrs.		Days	rs Min.
	100.	USUAL OCCUPATIO during most of worki	N (Give kind of work on his life, even if retired	done 10b.	. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE	(State or foreign o	ountry)	12. CIT	IZEN OF WHA	T COUNTRY?
		Mechan:	ic		unknown		Texas			J	JSA	
	13. F	ATHER'S NAME	The same of		Washing State of the	1	4. MOTHER'S MAIL	DEN NAME				
-	3		Thomas Te	erre:	11	- 37	Onie H	azelwood	1			
,					SOCIAL SECURITY NO.	17. INFO				iress	Oklaho	Smc.
	7 05.	Yes (i	f yes, give wor or doles of s Korean		448-12-0027	Edn	a Hogan	sister.	410 S.W	Monr		dabel
1					ine for (a), (b), and (c).]						INTERVAL	BETWEEN
			H WAS CAUSED BY:			Tani					ONSET A	ND DEATH
		0	IMMEDIATE CAUSE (o		Myelogenous	1 Leu	cemia				-	
		204,1	DUE TO	)								
		Conditions, if on		)								
		cause (a), stating t		)								
		lying cause lost.	) (c	:)(:)								
	N N	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE	TERMINAL DISEAS	E CONDITION GI	VEN IN PAI	RT 1(o) 19. WA	AS AUTOPSY
)	CATI										YES.	口V·GILL
	∞	20a. ACCIDENT WAS	CAUSE OF DEATH	20b. DES	SCRIBE HOW INJURY OC	CURRED. (	inter noture of inju	ry in Part I or Par	rt II of item 1B.)			
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)							2.35		
	Ž.	20c. TIME OF INJURY	Month, Doy, Ye				OF INJURY (Home, street, office bldg		y or town)	(	County)	(Stote)
	MEDICAL	Hour o. m.	19	While of wo	Not while	1001017	, street, office blug	j., eic.)				
	1 1	_	70 /this bosnita	l\ atton	ded the deceased f	rom 1	Varoh 2	10 60 40	Monoh Z	7 106	Azzthantoli	that marks have
								n			alle.	
		220. SIGNATURE	POLOTIME BUX XXX	XXX	XXXXXXXXX	that dea	h occurred of	3_JUM, from	the couses ar	nd on th	e dote stot	22b, DATE
		220. SIGNATURE	7 4	4	12000		ATTENDING _	MED.	STAFF PHYS.			SIGNED
		20 211111111111111111111111111111111111	7,0	14	asin	M.D		DIRECTOR .	PHYS.		4-4	1-60
		22c. PHYSICIAN'S NAME (Type)			1		22d. ADDRESS					
			J. L. GARI	EY, (	Clinical Pa	thol	gist. V	A. Hosy	oital_P	erry_	Point.	Md
	23a.	BURIAL, CREMATION	N, 236 DATE THEREC	OF.	23c. NAME OF CEME	TERY OR C			TION (City, town,		(5	Stote)
		REMOVAL (Specify)	4/4/	60	Woods	nan			De Kalb,	Tex	as	
	-	FUHERAL DIRECTOR'S	1///	1	ADDRESS		2So.	REC'D BY REGIS		STRAR'S SI		
		Benning	atton elde	n U	lavre de Gi	2000	TAG CAE	E APR 7	'60	Irthur	8. Krana	
		Penning	WALL OF MA	ال ولو	avie de Gi	race.	Md. DAT	F 114 10 4			_, , _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

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01-61-3 0 1.1.0 Angel Line Here were the content of the content Comments of deal street of whom, the comments of the

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	319	14	CERTIFIC	ATE OF DEAT	Н		leg. Dist. No.	0316
D. COUNTY	Cecil		MARYLAND	2. USUAL RESIDENCE (W				odmission)
B. CITY OR TOWN RURAL and give of Rising	(If outside corporate limi perrest town) Sun	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF X Rising		imits, write RUR	AL ond give near	est town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)	d. STREET ADDRESS 20 Cher	ry Stre	et	•	IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Joh <b>n</b>		Middle Earl	Tyson	4. DATE OF DEATH	March	26	Yeor 19 60
Male	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED DIVORCED	B. DATE OF BIRTH Aug. 28, 188	9. Ad		UNDER 1 YEAR I	F UNDER 24 HRS. Hours Min.
Funeral	ON (Give kind of work or rking life, even if retired Director	dane 10b.	elf employe	ustry 11. BIRTHPLACE (Stoke Port Der			U.S.	WHAT COUNTR
3. FATHER'S NAME George	E. Tyson			Sidney Fr				
5. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war ar dates of se	prvice)	50CIAL SECURITY NO. 17.	INFORMANT	son	Address	Sun.	. bM
Conditions, if	any which )						1/./	
gave rise to cause (o), stating lying cause lost.	the <u>under-</u> DUE TO		ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE COM	NDITION GIVEN		PERFORMED?
gove rise to couse (o), stoting lying couse lost.  PART II. OT  20a. ACCIDENT W. OR CONTRIBUTION	the <u>under-</u> DUE TO	DITIONS C		T NOT RELATED TO THE TERM  ED. (Enter nature of injury in				WAS AUTOPSY PERFORMED? YES NO 🔯
gove rise to couse (o), stoting lying couse lost.  PART II. OT  20a. ACCIDENT W. OR CONTRIBUTION	immediate   the under:	20b. DESC	CRIBE HOW INJURY OCCURR  NJURY OCCURRED  Not while		Port I ar Port II af	item 18.)		PERFORMED?, YES NO
gave rise to couse (o), stoling lying couse lost.  PART II. OT  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF INJU Hour a. p. p. m.  21. I certify the contract of the cont	AS UNDERLYING CAUSE OF DEATH  (MEDICAL EXAMINER)  AS WORTH, Day, Yee	20b. DESC 20b. DESC or 20d. If While of worl decease, 19	NOT While of from	ED. (Enter nature of injury in LACE OF INJURY (Home, forroctory, street, affice bldg., etc.)  1958, to  h occurred at  M.D. PLANE	Port I or Port II of	wn) , 19 C. 1	(County) hat I last sav d on the date	YES NO (Stote)

may be dined by the hospital trending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haur after leath. VS A15 (4) 15M 9/55

# CHITARIS OF DEATH THE SECTION OF THE PROPERTY OF

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1			3195		CERTIFIC	ATE OF DE	AIH		Reg. D	ist. No.		7 . 7
)	1.	PLACE OF DEATH	1		MARYLAND	2. USUAL RESIDEN	CE (Where deced	b. COUNT	tion: Resident	nce befo	re odmiss	ion)
		b. CITY OR TOWN (IF	outside corporate limi orest town) VVIIIe	ts, write	c. LENGTH OF STAY IN 16 Life		VN (If outside co	rporote limits, write	RURAL ond	give nec	rest town	)
		OR INICITITION	AL (If not in hospitol, g squehanne			d. STREET ADD Sus		na Ave.				IDENCE FARM? NO K
		NAME OF DECEASED (Type or print)	Thoma	S	Middle	Watson	4. DAT OF DEA	3/10 1	onth L	1	,	reor 19 60
		Male	White	WIDOWED		B. DATE OF BIRTH Sept.13	•	9. AGE (In year lost birthdoy) yr	Months	Doys	Hours	R 24 HR Min.
1		Locomotic	N (Give kind of work ing life even if setired Ve Engine	er.	Rail Road	Md		n country)	12.CIT		WHATCH	OUNTRY
		FATHER'S NAME Hen:	-		atson	14. MOTHER'S MA		Patte				
			IN U. S. ARMED FOR If yes, give war or dates of s		6-12-3075 I	Reba I. W	atson,		lle,	Md		
			nmediate DUE TO	,	Por (o), (b), and (c).] Ordoral Detaria	Hemo	nka	ge			S 6	
)	RIFICATION		ER SIGNIFICANT CON  S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		ENTRIBUTING TO DEATH BUTTER BU			361	IVEN IN PAI	RT 1(o) 1	9. WAS A PERFOI YES	RMED?
	MEDICAL CE	(IF EITHER, NOTIFY / 20c. TIME OF INJURY Hour o. m. p. m.		20d. IN. While of work	Not while	PLACE OF INJURY (Honoctory, street, office bl		City or town)	(	(County)		(Stote
		21. I certify the alive an M	ot I offended the	decease , 19 S	d fram April	3, 1958, 195			nd an th	ast saw e date	stated	ecease abav e signi
	220		3-4-19	60	22c. NAME OF CEMETERY (			cation (city, town		l .Rı	(Stote	9)
1	23.	FUNERAL DIRECTOR'S	SIGNATURE	lou	ADDRESS Perryvi		a. REC'D BY REG	SISTRAR 24b. REC	SISTRAR'S SI	GNATU	RE	

may c. fetained by the haspital attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and page 3 should be detached for use as the burial-transit permit. Then please remave carbon is VS A15 (4) 15M 9/5B

ICIAN: The law requires that the death certificate be

campletely filled in by the funeral director, papers. Pages 1 and 2 shauld be filed with

and the same of the same of The last the 

foctory, street, office bldg., etc.)

\_\_, and that death occurred ot\_\_\_\_\_M, from the couses and on the date stated above.

M.D. V. A. Hospital Perry Point Md.

Clinical Pathologist

24g. REC'D BY REGISTRAR

DATE MAR 1 7 '60

ADDRESS (Street, city or town, state)

22d. LOCATION (City, town, or county)

Sharpsburg, Pennsylvania

24b. REGISTRAR'S SIGNATURE

DATE SIGNED

(State)

21. I certify that Fottended the deceased from April 3 ..., 1957, to March 13 ..., 1960 M

22c. NAME OF CEMETERY OR CREMATORY

Havre de Grace. Md.

St. Marys

physician fending pro certificate Use tached del

Hour a.m.

olive on

ACTUAL

PHYSICIAN'S

NAME (Type)

EMOI

220. BURIAL, CREMATION.

REMOVAL (Specify)

UNERAL DIRECTOR'S SIGNATURE

While

GAREY

J. L.

Not while at work at work

ADDRESS

FUNERAL DIRECTOR: shauld t

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